

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0047942 D0047941
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:

Name Homan Land Development
 Address 2229 W. State St Suite B
 City Boise State 10 Zip 83702

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 4 North ☐ or South ☒
 Rge. 4 East ☒ or West ☐
 Sec. 3 SE 1/4 160 acres NE 1/4 160 acres
 Gov't Lot _____
 Lat: 43° 21' 55.2" Long: 112° 57' 21.9"
 Address of Well Site 30yds. north on Regina on west
Size of road 0.5 Dept. City Boise
 Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>380</u>	<u>2050lb</u>	<u>Overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 396
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>12</u>	<u>396</u>	<u>.250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4 1/2"</u>	<u>16</u>	<u>476</u>	<u>.250</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation PVC Certalock 5/8 in

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>476</u>	<u>556</u>	<u>.020</u>		<u>4 1/2</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

417 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 525 ft. Describe access port or control devices: Well Cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30</u>		<u>540</u>	<u>2 1/2 Hrs</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 525

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>10</u>	<u>0</u>	<u>Top Soil</u>		<input checked="" type="checkbox"/>
	<u>10</u>	<u>1</u>	<u>Brown Clay</u>		<input checked="" type="checkbox"/>
	<u>8</u>	<u>18</u>	<u>Sandstone w/ clay seams</u>		<input checked="" type="checkbox"/>
	<u>8</u>	<u>251</u>	<u>Brown Clay</u>		<input checked="" type="checkbox"/>
	<u>8</u>	<u>251</u>	<u>Brown Sand w/ clay Seams</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>380</u>	<u>Brown Sand w/ clay Seams</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>396</u>	<u>Black Sandstone</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>414</u>	<u>Fractured Sandstone</u>		<input checked="" type="checkbox"/>
	<u>6</u>	<u>525</u>	<u>Fractured Black Sandstone</u>	<input checked="" type="checkbox"/>	
	<u>6</u>	<u>554</u>	<u>Fractured Tan Sandstone</u>	<input checked="" type="checkbox"/>	

RECEIVED

APR 16 2007

WATER RESOURCES
WESTERN REGION

Completed Depth 556 (Measurable)

Date: Started 3-29-07 Completed 4-4-07

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name The Hole Company Firm No. 620

Principal Driller [Signature] Date 4-9-07

and Driller or Operator II [Signature] Date 4-16-07

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.